



Job-Related Training and Education Assistance Form

Reimbursement should be requested in accordance with City of Mesquite Personnel Policy 5.14. Complete and submit to Department Head for processing. **Please print all information.**

Name of Employee: _____ Title/Position: _____

Course Title and Number: _____

Institution Offering Course: _____

Start Date: _____ End Date: _____ Class Day(s), Time(s): _____

Describe information relative to the course/training program and the tangible benefit to the employee and benefit to the City:

_____ Requesting time off from work without reimbursement.

_____ Requesting time off from work and reimbursement for allowable expenses.

_____ Requesting only reimbursement of allowable expenses. TOTAL: \$ _____/Estimate

I understand that reimbursement of allowable expenses may be granted, subject to availability of budgeted funds. I also understand that in order to receive reimbursement for allowable expenses, I must provide documentation for costs and show successful completion of the course with a "B" or better grade, or a "P" for a pass/fail system.

Signature of Applicant Employee: _____ Date: _____

*****DEPARTMENT ENDORSEMENT*****

Department/Division: _____ Funds are available/Code: _____

Department Head Signature: _____ Date: _____

Amount recommended reimbursed: \$ _____

Comment: _____

CITY MANAGER REVIEW

_____ Approved _____ Denied

Signature: _____ Date: _____

Comment: _____

CC: Finance Department and Personnel Department